IN THE DISTRICT COURT OF	COUNTY, NEBRASKA	
	(county where original action filed)	
(name of person listed as plaintiff in original action)		
Plaintiff,	Case No. CI	
	(case number assigned by Clerk of Court)	
VS.	AFFIDAVIT AND APPLICATION TO PROCEED IN FORMA PAUPERIS (Child Support or Visitation Contempt)	
(name of person listed as defendant in original action)	(Request to Proceed Without Payment of Fees)	
Defendant.		
STATE OF NEBRASKA)) ss:	
COUNTY OF	_)	
(county where signed)		
The undersigned, being first duly s	worn on oath, deposes and says that:	
1. I am the party requesting th	ne Court for an Order to Show Cause (Child Support	
or Visitation Contempt), and I am of lawfu	ıl age.	
2. I bring this action in good f	aith, and I am entitled to redress.	
3. I am unable to pay the cost	of litigation, including the cost of service,	
and am unable to provide security.		
4. I have a net income of only	(your net monthly income)	
per month, derived from(i.e., employment, pub	lic benefits, Social Security, etc.)	
and I support a household of pe	ople. upport)	

5. My only assets or resources, over which I have control of	or possession, are:
Cash on hand	\$
Bank accounts	\$
Vehicles	\$
Real estate	\$
Securities, stocks, bonds	\$
Tools, equipment	\$
Jewelry	\$
Other	\$
TOTAL	\$
6. My necessary estimated monthly expenses are:	
Rent or house payment	\$
Utilities (Electricity, natural gas, propane)	\$
Telephone	\$
Automobile payment (monthly)	\$
Automobile insurance (monthly)	\$
Gasoline for vehicle	\$
Auto upkeep and repair	\$
Doctor, dentist, medicines	\$
Food.	\$
Cable TV, internet, etc.	\$
Clothing, dry cleaning, laundry	\$
Haircuts	\$
Church	\$
Entertainment	\$
Personal care items.	\$
Other (Credit cards, etc.)	\$
TOTAL	\$

7. Other financial circumstances	of which I would like the court to be aware:
	
8. I believe that my living expens	ses wholly absorb my income, and that I have no assets
which can be liquidated.	
•	v.Stat. §§ 25-2301 to 25-2310, I request that **rauperis* and direct
	g service fees and other expenses related to this
action and waive provision of security.	
(Print your name)	Address
Signature	City, State, ZIP Code
	Telephone number
SUBSCRIBED AND SWORN to before	fore me thisday of, 20
	Notary Public